United States Bankruptcy Court District of Idaho Complete this form and mail to: U.S. Bankruptcy Court 550 W.Fort St. Boise, ID 83724		PROOF OF CLAIM THIS SPACE PROOF COURT USE ONLY 98 AUG - 7 AM 10: 38
ame of Debtor:	Case Number:	CLAMERO FILE
COMMUNITY HOME HEALTH INC hapter: Trustee: roof of claim form and all supporting documents must be filed in DUPL	98-02141 ICATE on Chapter 12 and 13 cases	CAMERON S. BURKE
(STE: This form should not be used to make a claim for an administrative case. A "request" for payment of an administrative expense may be fill	e expense arising after the commencement d parameter to U.S.C. 4563	
Tame of Creditor (The person or other entity to whom the debtor owes noney or property): TENA M. FLORES	□ Check box if you are aware that anyon relating to your claim. Attach copy □ Check box if you have never received in this case. □ Check box if the address differs from	of statement giving particulars. d any notices from the bankruptcy cour
Account or other number by which identifies debtor:	Check here if this claim: Replaces dated:	Amends a previously filed claim
I. Basis for Claim Goods Sold Vices Performed Retiree benefits as defined in 11 U.S.C. §1114(a) Other (please descriving the property of th	☐ Money Loaned ☐ Personal In ribe): er: 518-88-1022 (date) to (date)	ligiplished out on the second companions and was these these
2. Date debt was incurred: 6-98	3. If court Judgment, date obtained:	
4. SECURED CLAIM Check box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: Real Estate	5. UNSECURED PRIORITY CLAIM Check box if you have an unsecured priority claim Amount entitled to priority SPECIFY PRIORITY OF CLAIM: Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filling the bankruptcy petition or cessation or the debtor's business, whichever is earling (11 U.S.C. § 507 (a)(3)) Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4)) Up to \$1,800* of deposits toward purchase, lease, or rental of property or services personal, family or household use (11 U.S.C. § 507 (a)(6)) Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7)) Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8)) Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)()) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED UNSECURED \$ 43.21 SECURED \$ PRIORITY \$ TOTAL \$ 43.21 Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all		
 additional charges. 7. Credits: The amount of all payments on this claim has been credited. 8. Supporting Documents: Attach copies of supporting documents, succounts, contracts, court judgments, mortgages, security agreements. If the documents are not available, please explain. If the documents as 9. Date Stamped Copy: To receive an acknowledgment of the filing of claim. 	, and evidence of perfection of lien. DO are voluminous, attach a summary. your claim, enclose a stamped, self-addr	NOT SEND ORIGINAL DOCUMENT essed envelope and copy of this proof
8-3-98 Tema Plove		
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imp	risonment for up to 5 year, or both. 18 U	J.S.C.§152 and §3571 V

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